

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

40260

JAN 17 1936

**1. PLACE OF DEATH**

County Marion Registration District No. 347  
Township Marion Primary Registration District No. 3079  
City Hannibal (No. St. Elizabeth Hospital) St. C Ward

File No. \_\_\_\_\_  
Registered No. 347  
St. C Ward

**2. FULL NAME**

(a) Residence, No. 3111 Industrial St., 5 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20 1858</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>4</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation _____
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roll, Mo</u>		
13. NAME <u>John Watson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Alice Murphy</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Mrs George Watson</u> (ADDRESS) <u>Hannibal Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Mary Cemetery</u> DATE <u>Dec 16</u> 19 <u>35</u>		
19. UNDERTAKER <u>James J. Donnell</u> (ADDRESS) <u>Hannibal Mo</u>		
20. FILED <u>Dec 10 1935</u> <u>R. H. Hobbs</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec - 1 - 35 1935, to Dec - 7 1935  
I last saw her alive on Dec 7 1935 Death is said to have occurred on the date stated above, at 12 A m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia Lobar Date of onset Dec 7

Other contributory causes of importance:  
Dehydration  
Aspiration

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_  
(Signed) J. H. Hauska, M. D.  
(Address) Hannibal Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

